

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

108237 08

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3		2				
4						
5		2				
6		1				
7		1				
8		1				
9		1				
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TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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